Mental Health Member Claim Submission Guidelines

Participating Providers: Services rendered from a participating network provider will be submitted directly to MHNet.

Non-Participating Providers: When seeking services with a non participating provider, please encourage the provider to call MHNet at the number listed on the back of your medical health plan identification card to obtain information on how they can submit claims to MHNet.

Non-Participating Providers-Member Reimbursement: If you have received services from a Non-Participating Provider who refuses to submit their claim(s) to MHNet for reimbursement, and/or you have paid for the services up front and would like to submit a claim for direct reimbursement to you, please follow the claim submission guidelines below:

- Attach a copy of the receipt confirming your payment for the MHSA care received and a written request directing payment to be made to the subscriber. Please note that member reimbursement will be forwarded to the subscriber's address.
- Please complete the Mental Health claim form on the following page with the information for the member who received the services. All information on the form must be either written on the form or included on attachments. Attachments can include but are not limited to a copy of your member ID card and a copy of the provider's bill.
- If you attach a copy of the provider's bill, it must, **at minimum**, include the diagnosis code, procedure code, date of service, charge amount, provider's name, provider's address, and provider's tax ID number.
- The completed claim form with attachments should be mailed to:

  Mental Health & Substance Abuse Claims:
  MHNet Claims Department
  PO Box 7802
  London, KY 40742

- Claim submissions with incomplete information will be denied. If the member can be identified, an Explanation of Benefits will be sent with the denial reason. Claim forms submitted without identification of the insured person will be returned to the address from which they were sent.

Contact MHNet Service Now! at the MHSA Access telephone number on the back of your member ID card if you have any questions.

Claims must be submitted within one [1] year from the date services were rendered to be eligible for reimbursement.

Member Reimbursement Form

Please complete the following for the person who received the care:

1. Member Name _____
2. Member ID # _____
3. Member Date of Birth _____
4. Provider Name _____
5. Provider Address _____
6. Provider City/State/Zip _____
7. Provider Tax ID _____
8. Diagnosis Code _____
9. Procedure Code _____
10. Date(s) of Service _____
11. Billed Amount $ _____
12. Paid Amount $ _____

Claims must be submitted within one [1] year from the date services were rendered to be eligible for reimbursement.

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Mental Health & Substance Abuse Claims

MHNet Claims Department, PO Box 7802, London, KY 40742